



Complete/Incomplete:	AREV/XL update:
Incomplete app. return date:	License issue date:
Req.info recv'd date:	License mail date:

PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901

SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER LICENSE RENEWAL FORM

INSTRUCTIONS:

- 1) **ANNUAL LICENSE:** A new license is required January 1st of EACH year. All licenses expire December 31 of the license year.
- 2) **RENEWAL FORM:** Complete all Sections of the renewal form.
- 3) **NEW DISPOSAL SITE (S):** Complete a New Disposal Site Form for EACH new site.
- 4) **ANNUAL LICENSE FEE:** Enclose check or money order for **\$300** with completed forms and mail to:
DEQ Fiscal Services, PO Box 200901, Helena, MT 59620-0901
- 5) **LATE FEE:** A \$125 late fee will be assessed on those licensees who do not renew their licenses by April 1 of the license year.
- 6) **NEW LICENSE:** The Department will issue and mail directly to you the new license upon receipt of the completed renewal form, any required attachments, and all required fees.

WARNING: *You may not operate your business UNTIL you are issued a current license. There is no grace period for license renewal, only for the assessment of late fees. Renew your license early to ensure compliance or risk license denial.*

Section 1

APPLICANT INFORMATION (PLEASE PRINT)

Applicant full legal name		Name of Business/Organization as currently filed or registered with the Montana Secretary of State office:		DEQ License Number: _____	
				BUSINESS FEDERAL TAX ID #:	
Physical Business Address:		City:	State:	Zip:	
Mailing Address (if different from physical business address):		City:	State:	Zip:	
County:	Phone Number:	Fax Number:			
Physical Location of Business Operation Records: (If the location of operation records changes <u>during</u> the license year, you must provide notification in writing to DEQ)					

Section 2

COUNTIES WHERE SEPTAGE WILL BE COLLECTED

OVER

SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER - LICENSE RENEWAL FORM

Section 3

DISPOSAL SITE/DISPOSAL METHOD/WASTE TYPE INFORMATION

(Complete one for EACH disposal site – Incomplete forms will be returned to the applicant)

DISPOSAL SITE NAME/SITE OWNER NAME (full legal name or business name): 	Was this site used for the septage disposal during the previous year? YES <input type="checkbox"/> NO <input type="checkbox"/> If land application site, number of acres used for disposal during the previous year: _____ List the type and volume of pumpings applied at this site during the previous year: _____ _____ _____ _____						
Site Legal Description (to nearest ¼ section): 							
For Department Use ONLY – Lat/Long							
Site Physical Address <i>OR</i> Directions to the Site: 							
The above listed site is a: (Check one) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Wastewater Treatment Facility</td> <td style="width:50%;">Land Application Site</td> </tr> <tr> <td>Licensed Class II Landfill</td> <td><i>Total acreage available for application</i> _____</td> </tr> <tr> <td>Septage Processor or Composter</td> <td><i>Total acreage proposed for 2005 use</i> _____</td> </tr> </table>	Wastewater Treatment Facility	Land Application Site	Licensed Class II Landfill	<i>Total acreage available for application</i> _____	Septage Processor or Composter	<i>Total acreage proposed for 2005 use</i> _____	
Wastewater Treatment Facility	Land Application Site						
Licensed Class II Landfill	<i>Total acreage available for application</i> _____						
Septage Processor or Composter	<i>Total acreage proposed for 2005 use</i> _____						

Do you use a holding tank(s) to manage pumpings? _____ Tank volume: _____

Where is the tank located? _____

What type(s) of waste is put into the holding tank? _____

Waste Type(s) and approximate volumes to be disposed at above listed site: <i>(Check all that apply)</i>	Septage <i>Estimated volume:</i> _____	Sump Pumpings (specify type below) Automatic Car Wash Bay Sump Attended Car Wash Bay Sump Unattended Car Wash Bay Sump Other Sump (specify type) _____ <i>Estimated volume sump pumping:</i> _____
	Portable Toilet/Vault toilet type waste <i>Estimated volume:</i> _____	
	Grease Trap Waste <i>Estimated volume:</i> _____	

APPLICANT CERTIFICATION - OWNER SIGNATURE

(applicant signature required on EACH form)

In signing this application form, I certify the above information is true and correct and, that as the applicant named above, I shall conduct the business of cleaning septic tanks, cesspools, or privies and disposing of the pumpings in accordance with the laws and rules of the State of Montana.

PRINTED NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for licensed Montana Septic Tank Pumpers. State law prohibits the Department from providing a mailing list to non-governmental individual's without the owner's permission. **Do you want your business name released for use on mailing lists?** () YES () NO